

Application # ______

Harnett County Central Permitting

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

| Owner's Name: D.R. Horton Inc./ Jennifer Upchurch | Date _5/8/25 |
|--|------------------------------------|
| Site Address: 60 Gilmer Street | Phone 984-327-8357 |
| Subdivision: Eagle Creek | Lot <u>8</u> |
| Description of Proposed Work: New Single Family Dwelling | Total Job Cost 216,544 |
| General Contractor Information | |
| D.R. Horton Inc. | 984-327-8357 |
| Building Contractor's Company Name | Telephone |
| 2000 Aerial Center Pkwy Ste. 110-A Morrisville, NC 27560 | jnupchurch@drhorton.com |
| Address | Email Address |
| 29676 HEATED SQ FT 3115 GARAGE SC | Q FT 454 |
| License # | |
| Electrical Contractor Information Description of Work New Single Family Dwelling Service Size: 200 Amps T-Pole: YesNo | |
| | 919-363-7474 |
| Imperial Electric | |
| Electrical Contractor's Company Name | Telephone |
| 416 Upchurch St. Apex, NC 27502 | office@imperial-electricinc.com |
| Address 19850L | Email Address |
| License # | |
| Mechanical/HVAC Contractor Information | |
| Description of Work New Single Family Dwelling | |
| Carolina Comfort Air | 919-550-7711 |
| Mechanical Contractor's Company Name | Telephone |
| 703 N. Clinton Ave., Dunn 28334 | RNC_Permits@carolinacomfortair.com |
| Address | Email Address |
| 29077 | 211141171441455 |
| License # | |
| Plumbing Contractor Information | |
| Description of Work New Single Family Dwelling | # Baths |
| C&M Plumbing | 919-658-6109 |
| Plumbing Contractor's Company Name | Telephone |
| 5427 US 117 South Alt. Mt. Olive, NC 28365 | annmarie@cmplumbingseptic.com |
| Address | Email Address |
| L.19887 | |
| License # | |
| Insulation Contractor Information | |
| Tatum Insulation II, Inc. 519 Old Drugstore Rd. Garner NC 27529 | 919-661-0999 |
| Insulation Contractor's Company Name & Address | Telephone |

*NOTE: General Contractor / owner must fill out and sign the second page of this application.



I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that by signing below I have obtained all subcontractors permission to obtain these permits and if any changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

| is as per current fee schedule. | | |
|---|-------------------------------------|--|
| Jennifer Upchurch Signature of Owner/Contractor/Officer(s) of Corporation | 5/8/25 | |
| Signature of Owner/Contractor/Officer(s) of Corporation | Date | |
| | | |
| Affidavit for Worker's Compensation The undersigned applicant being the: | ation N.C.G.S. 87-14 | |
| General Contractor Owner X _ Office | er/Agent of the Contractor or Owner | |
| Do hereby confirm under penalties of perjury that the $person(s)$, $firm(s)$ or $corporation(s)$ performing the work set forth in the permit: | | |
| X Has three (3) or more employees and has obtained workers' compensation insurance to cover them. | | |
| Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them. | | |
| Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves. | | |
| Has no more than two (2) employees and no subcontractors. | | |
| While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work. | | |
| Sign w/Title: Jennifer Upchurch Permit Coordin | nator Date: 5/8/25 | |
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